| PATENT APPLICATION CE DETERMINATION RECORD Application or Docket Number   |  |   |  |                              |              |                               |       |                   |                        |     |                     | umber                  |
|---|--|---|--|------------------------------|--------------|-------------------------------|-------|-------------------|------------------------|-----|---------------------|------------------------|
| Effe. ecember 8, 2004   |  |   |  |                              |              |                               |       |                   |                        |     | 1952                | ?1                     |
| CLAIMS A FILED - PART I SMALL ENTITY.   |  |   |  |                              |              |                               |       |                   |                        | 75  | OFUE                | <i>-</i>               |
|   |  |   | (Column 1)                                 |                              |              | (Column 2)                    |       | TYPE              |                        | OR  | OTHER<br>SMALL I    |                        |
| U.S   | . NATIONAL S                                   | STAGE FEES                                |  |                              |              |                               |       | RATE              | FEE                    |     | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.                                 | = \$ 150                     | LARC         | SE ENT. = \$ 300              |       | BASIÇ.FEE         |                        | OR  | BASIC FEE           | (2/1)                  |
| EXAMINATION FEE   |  |   | Satisfies PCT Ar                           |                              |              | her situations = 100 / \$ 200 |       | EXAM. FEE         | · · ·                  |     | EXAM. FEE           | nm                     |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | 50 / \$ 100<br>intries =     | All ot       | her situations = 250 / \$ 500 |       | SEARCH FEE        |                        |     | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu                                       | us 100 =                     | / 50 =       |                               |       | X \$ 125 =        |                        |     | X \$ 250 =          | 700                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | // mir                                     | nus 20 =                     | . <          |                               |       | X \$ 25 =         |                        | OR  | X \$ 50 =           |                        |
| INDE  | PENDENT CL                                     | AIMS                                      | / m  | inus 3 =                     | . —          | >                             |       | X \$ 100 =        |                        | OR  | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                      |                              |              |                               |       | + \$ 180 =        |                        | OR  | + \$ 360 =          | 4                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                              |              |                               |       | TOTAL             |                        | OR  | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |  |                              |              |                               | ,     | SMALL E           | NTITY                  | OR  | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA              |       | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                           |              | =                             |       | X \$ 25 =         |                        | OR  | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                                      | ***                          |              | =                             | ٠     | X \$ 100 =        |                        | OR  | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                              |              |                               |       | + \$ 180 =        |                        | OR  | + \$ 360 =          |                        |
| TOTAL ADI<br>FEE  |  |   |  |                              |              |                               |       |                   |                        | OR  | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Caluma 4)                                |  |                              |              |                               |       |                   |                        |     |                     |                        |
|   |  | (Column 1)<br>CLAIMS                      | T  | (Colu                        |              | (Column 3)                    | 1     |                   | 4554                   | r 1 |                     |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUM<br>PREVIO<br>PAID        | DUSLY        | PRESENT<br>EXTRA              |       | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                           |              | =                             |       | X \$ 25 =         |                        | OR  | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                                      | ***                          |              | =                             |       | X \$ 100 =        |                        | OR  | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                              |              |                               |       | + \$ .180 =       |                        | OR  | + \$ 360 =          | ·                      |
| TOTAL ADDIT. FEE  |  |   |  |                              |              |                               |       |                   |                        | OR  | TOTAL ADDIT.<br>FEE |                        |
|   |  |   |  |                              |              |                               |       |                   |                        |     |                     |                        |
| •   | If the entry in colu                           | ımn 1 iş less than th                     | e entry in column '                        | 2. write "0"                 | in colum     | 13                            |       |                   |                        |     |                     |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> </ul> |  |   |  |                              |              |                               |       |                   |                        |     |                     |                        |
|   | The "Highest Num                               | nber Previously Paid                      | For (Total or Ind                          | lependent)                   | is the hig   | hest number found             | in th | e appropriate box | in column 1.           |     |                     |                        |